

1.) CORPORATION NAME: SHOAFF CONSULTING SERVICES, INC. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: WILLIAM L SCHMIDT 4103 CHAIN BRIDGE ROAD SUITE 204 FAIRFAX, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: VA	DUE DATE: 12/31/2014 SCC ID NO: 05128962 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>100</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	100
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6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 9541 Pendio Ct CITY/ST/ZIP: Highlands Ranch, CO 80126-3602

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: RAY L SHOAFF TITLE: PRES/TREAS ADDRESS: PO BOX 631250 CITY/ST/ZIP/CO: LITTLETON, CO 80163-1250	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: MARY L SHOAFF TITLE: SECRETARY ADDRESS: PO BOX 631250 CITY/ST/ZIP/CO: LITTLETON, CO 80163-1250	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ RAY L SHOAFF	RAY L SHOAFF, PRES/TREAS	1/5/2015
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.